

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/517286</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		6 AMOUNT \$ <u>100</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>	
8 TO BE REFUNDED BY:			
Treasury Check			
<input checked="" type="checkbox"/> Credit Deposit A/C #:			
<div style="border: 1px solid black; display: inline-block; padding: 2px;">           1 4 -- 1 2 7 0         </div>			
10 REASON:		9	
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
<b>REFUND COMPLETED</b> <b>PCT NATIONAL DIVISION</b>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		<u>X209</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*